



**CALIFORNIA EMERGENCY MANAGEMENT AGENCY
PUBLIC SAFETY AND VICTIM SERVICES PROGRAMS**

March 1, 2010

Karen Cooper, Executive Director
Family Services of Tulare County
815 West Oak
Visalia, CA 93291

Re: Grant Award # AT09061248

Dear Ms. Cooper:

On February 9 – 10, 2010, I conducted a site visit of the Child Abuse Treatment (CHAT) Program operated by Family Services of Tulare County. Thank you for your time and cooperation during the site visit. It was a pleasure meeting you and the staff who support the CHAT Program.

During the site visit, we discussed California Emergency Management Agency's requirements for the program, the goals and objectives, the in-kind match requirements, the source documentation, and the reporting requirements. As a result of the visit, I have found the project in most areas to be in compliance and functioning within the parameters established in the Grant Award Agreement. However, there were some findings (out-of-compliance) which require corrective actions. Please send me a corrective action letter by **April 5, 2010** addressing the following topics.

Overall, the Administrative Review appears to be satisfactory. However, there are two administrative issues needing to be addressed:

1. The Certificate of Liability Insurance (Fidelity Bond) names "California Emergency Management Agency" as the certificate holder (beneficiary) and the certificate of Liability Insurance (Fidelity Bond) has an effective date of 07/1/09 and expiration date of 07/1/10.
(Administrative Review #2 of Site Visit Report)

Actions Needed:

- A) Per Recipient Handbook, Section 2161.4, change certificate holder (beneficiary) to "State of California, California Emergency Management Agency." Indicate in the corrective action letter how this will be resolved.

- B)** Per Recipient Handbook, Section 2161.3, a new Certificate of Liability Insurance (Fidelity Bond) must be obtained and submitted to Cal EMA prior to the expiration date. If the insurance company allows, it may be easiest to have the policy effective and expiration dates match the beginning and end dates of the grant (October 1 – September 30). Indicate in the corrective action letter how this will be resolved.
2. In the EEO review, two items were discovered:
- a) There was no EEO statement in recruitment materials. I viewed a help wanted newspaper advertisement with no EEO statement.
 - b) There was no written Dissemination of EEO Plan (EEOP) and EEO Policy.

Actions Needed:

- A)** The statement, "Family Services of Tulare County is an Equal Employment Opportunity Employer", will be included in all job announcements. Indicate in the corrective action letter how this will be resolved.
- B)** A written plan of how the EEO Plan and EEO Policy will be disseminated is needed. A sample written plan is attached. Indicate in the corrective action letter how this will be resolved.

During the Programmatic Review there were two identified issues needing to be addressed:

1. In reviewing the redacted therapy case files, there was nothing to show how client eligibility determination for the CHAT Program was made. I reviewed three redacted case files: one was receiving Medi-Cal; one had Blue Shield Insurance; and the third was waiting for a Victim of Crime claim number. There was no justification on why a Medi-Cal or insurance covered child was seen in the CHAT program. (Programmatic Review, Site Visit Report #1)

Action Needed: Intake forms need to be clearer as to how the agency determines whether a client is eligible for the CHAT Program. There needs to not only be a place to indicate the type of abuse or trauma, but also if the child has insurance. If a child is seen in the CHAT Program who has another form of insurance or is eligible for Medi-cal or the victim compensation program, there needs to be a place to justify why it is in the best interest of the child to be seen in the CHAT Program. Determining eligibility is a key issue; the CHAT Program is primarily for unserved children who have no insurance or underserved children who do not have access to therapy. However, if a client has insurance, but is on a waiting list or no provider is available who accepts this insurance, the client can be seen in the CHAT Program. The therapist needs to document that "although the client has X insurance, it is in the client's best interest to be seen under the CHAT Program immediately (provide reasons – waiting list, bad experience at Mental Health/etc., language issues, etc.).

While I was present on the site visit, a CHAT Program eligibility form was quickly produced. The rough draft of the document has most of the needed elements. However, I

Karen Cooper
March 1, 2010
Page 3

would suggest having one solid comment area at the bottom of the form to justify seeing the child and an added area to write what abuse or trauma the child had. Indicate in the corrective action letter how this will be resolved and send a copy of the finalized eligibility form to me.

2. In reviewing the redacted therapy case files, it appeared that assessments were being done at intake and at termination, but not at 6-month intervals. The CHAT Program requires an objective measure of progress to justify/validate a decrease in symptoms and that therapeutic services are truly making a difference in a child's life. The use of accepted assessment measures in proving client progress/improvement is one way to show other funders that you have an effective program – helpful when applying for other grants. Accepted assessment tools should be utilized at least every 6-months.
(Programmatic Review, Site Visit Report #1, see RFA for requirements)

Action Needed: Indicate in the corrective action letter how this will be resolved.

Please review the enclosed Site Visit Report form; sign the cover page and mail it to me at your earliest convenience. Also complete a Corrective Action Letter with the requested actions and return to me by April 5, 2010. Should you have questions, please contact me at (916) 323-7730. Once again, thank you for meeting with me.

Sincerely,

RICHARD BUNCH
Program Specialist
Children's Section

Enclosures:

- Site Visit Report
- EEO Checklist
- Sample Dissemination of EEO Plan (EEOP) and EEO Policy

CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)

PROGRAM: VOCA CHAT

PERFORMANCE ASSESSMENT / SITE VISIT REPORT

1. **GRANT AWARD NUMBER:** AT09061248 **DATE OF SITE VISIT:** 02/9-10/2010
2. **GRANT PERIOD:** October 1, 2009 through September 30, 2010
3. **RECIPIENT/IMPLEMENTING AGENCY:**
Family Services of Tulare County
4. **PROJECT DIRECTOR:**
Karen H. Cooper

PERSONS INTERVIEWED DURING SITE VISIT:

| <u>NAME</u> | <u>TITLE</u> | <u>AGENCY</u> |
|-------------------------------|------------------------------------|---------------|
| <u>Karen H. Cooper</u> | <u>Executive Director</u> | <u>FSTC</u> |
| <u>Susan T. Munter</u> | <u>Human Resources Manag</u> | <u>FSTC</u> |
| <u>John Blyleven</u> | <u>Fiscal Officer</u> | <u>FSTC</u> |
| <u>Mary Alice Boylan, MFT</u> | <u>Clinical Manager</u> | <u>FSTC</u> |
| <u>Natalie Armitstead</u> | <u>MFT Intern</u> | <u>FSTC</u> |
| <u>Leticia Ball, MFT</u> | <u>Licensed Marriage & Fam</u> | <u>FSTC</u> |
| <u>Lacey Horsman, LMFT</u> | <u>Licensed Marriage & Fam</u> | <u>FSTC</u> |

Richard Bunch
Signature of Program Specialist

3/1/2010
Date

Gillsa Miller
Signature of Section Chief

3/1/2010
Date

Signature of Project Representative

3-4-2010
Date

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE & PROGRAMMATIC REVIEW

| | YES | NO | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| 1. OPERATIONAL DOCUMENTS | | | |
| Review hard copy/verify the ability to access on line: | | | |
| • The Cal EMA Recipient Handbook (R.H.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Approved Grant Award Agreement | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The RFA/RFP (supersedes the requirement of the R.H.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Program Guidelines (supersedes the requirement of the R.H.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at www.whitehouse.gov/omb/circulars . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

All Documents available or accessible.

2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATION (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

| | | | |
|---|-------------------------------------|-------------------------------------|--------------------------|
| • Obtain copy of required Fidelity Bond Certificate? [R.H. Section 2161] Does <u>not</u> apply to state, city, or county units of government. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the certificate show: | | | |
| ○ Bonding company name | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Bond number | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Description of coverage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Amount of coverage (50% of allocation) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Bond period | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Grant award number | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Form A, Employee Dishonesty | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Form B, Forgery Coverage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Is the State of California, California Emergency Management Agency named on the bond as the beneficiary? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Comments:

Coverage period is 7/1/2009 - 7/1/2010. Must send new Bond Certificate for the rest of the grant period before the current bond expires. Names California Emergency Management Agency as beneficiary. Must change.

3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

| | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| • Does the project have their CEQA documentation on file? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Certified Exempt | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Recipient has adopted or certified an environmental document that complies with the requirements of CEQA. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

Letter from City of Visalia dated 03/3/2010 certifies exemption from CEQA.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE & PROGRAMMATIC REVIEW (Continued)

4. PROOF OF AUTHORITY (R.H. Section 1350)

| | YES | NO | N/A |
|--|-----|----|-----|
|--|-----|----|-----|

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? *Ask for copy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

In minutes of Board meeting.

5. ORGANIZATIONAL CHART

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Review the organizational chart. Are all budgeted positions identified? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

Organizational chart obtained.

6. Cal EMA MODIFICATION (Cal EMA 2-223)

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Review the purpose/preparation of Grant Award Modification (Cal EMA 2-223). [R. H. Section 7500] (<i>Instruct project staff on the procedure to obtain the most recent forms from Cal EMA website.</i>) A modification is needed for the following: <ul style="list-style-type: none">○ Budget changes○ Change in key personnel○ Adding/changing additional signers○ Change goals/objectives, or activities○ Address change○ Other | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

Agency understands the function of the modification.

7. PERSONNEL POLICIES

- | | | | |
|--|--|--|--|
| • Does the project staff have access to written personnel policies as required? [R. H. Section 2130] | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do the personnel policies include: <ul style="list-style-type: none">○ Work hours○ Compensation rates including overtime and benefits○ Vacation, sick and other leave allowances○ hiring and promotional policies | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE & PROGRAMMATIC REVIEW (Continued)

- Do the personnel files include:
 - Staff note: Complete a sample review of a personnel file
 - job application
 - resume
 - performance evaluations
 - salary rates
 - benefits
 - current job duties/descriptions
 - other terms of employment
- Is there a current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152]
- Did the Board approve the Agency's existing personnel policy?

| | | |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Board approval in Board minutes.

1. FUNCTIONAL TIMESHEETS

- Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331]
- Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure they are signed by the staff and supervisor)

| | | |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Viewed functional timesheets.

2. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction?
 - Name of individual who approves purchases.
Individual Supervisor, Karen Cooper - Executive Director
 - Name of individual who writes checks.
John Blyleven - Fiscal Officer
 - Name of individual(s) who signs checks.
John Blyleven, Karen Cooper, BOD, requires two signatures.

| | | |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|

Comments:

Covered in Fiscal Policy Manual, VI Internal Control Policies.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE & PROGRAMMATIC REVIEW (Continued)

| | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|--|------------|-----------|------------|
|--|------------|-----------|------------|

10. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project maintain a record-keeping system which will accurately support costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the project maintain an accurate inventory log of equipment purchased with grant funds? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Viewed ledger. Tracked items on ledger back to receipts.

11. PROJECT EXPENDITURES

- | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|
| • Is the project's expenditure rate commensurate with the elapsed period of the grant? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Is the project up-to-date with the submission of Cal EMA Form 2-201? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

12. MATCH REQUIREMENTS

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project have a match requirement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project meeting the match requirement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Review the supporting documentation to substantiate cash or in-kind match. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Cash match from two outside foundation grants. Alcoa Foundation for Child Advocate \$17,632 = .50 FTE position. California Child Abuse Prevention & Intervention Treatment Funds (CAPIT) \$20,311 = .35 FTE Therapist.

13. EEO POLICY

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Go over EEO checklist. (Separate document) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

EEO statement need on recruitment materials (newspaper help wanted ad).

Need written plan to disseminate EEO Plan and EEO Policy. Gave sample 10A.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE & PROGRAMMATIC REVIEW (Continued)

GENERAL

YES NO N/A

1. PROGRAM GOALS AND OBJECTIVES

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program goals and objectives? ☒ ☐ ☐
- Does the project need to submit Cal EMA Form 2-223 to modify grant objectives? ☐ ☒ ☐

Comments:

Objective goals were lowered for the 09 grant period from what they were on the 08 grant to be more realistic.

2. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements. ☒ ☐ ☐

Comments:

3. SOURCE DOCUMENTATION-Programmatic

- Is the project maintaining a record keeping and data collection process that will accurately support the project's reported data on the Progress Report form? ☒ ☐ ☐
- Review the project's file system and data collection process.

Comments:

Needs to justify why insured or Medi-Cal clients qualify for CHAT services.

4. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement? ☒ ☐ ☐

Comments:

All required Operational Agreements were on file.

5. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement? ☒ ☐ ☐

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

C. SUPPLEMENTAL PROGRAMMATIC REVIEW

YES NO N/A

1. OBJECTIVE A - Provide Psychotherapy Services

Does the project use licensed clinicians/therapists? If not, explain the credentials of the mental health staff. Discuss the type of therapy received by the child client (how often, group, individual, PCIT, trauma-focused, etc.) Discuss the supervision provided, assessment process, treatment plans, and progress notes.

☒ ☐ ☐

Comments: Children receive Trauma Focused CBT. Use Child Behavior Checklist at intake. Self Appraisal, Youth Self Report. Child Behavior Checklist at end of Treatment. Great notes. Lack of assessments at 6-month intervals.

2. OBJECTIVE B - Assistance in Providing Information on Crime Victim Compensation Services

How does the project provide clients with information and referral to the local Victim Witness Assistance Center for victim compensation services? What type of information is given to clients?

☒ ☐ ☐

Comments: For the most part, provides the information. Should mention to all clients at intake and give brochures to all, then Objective B can equal Objective A.

3. OBJECTIVE C - Assistance in Understanding and in Helping the Child to Prepare for Participating in the Criminal Justice System

How does the project provide information and referral to the local Victim Witness Assistance Center for assistance, advocacy and support during judicial proceedings? Discuss how this is accomplished.

☒ ☐ ☐

Comments: _____

4. OBJECTIVE D - Use of Volunteers

- Does the project use volunteers? ☒ ☐ ☐
- Have volunteers completed the required 40-hour training prior to child client contact? Review documentation. ☒ ☐ ☐
- Do volunteers complete a sign-in sheet with date, time, activities and signature by the project's project director or designated staff? Review documentation. ☒ ☐ ☐
- Have volunteers completed the required background checks? ☒ ☐ ☐
- If the project does not use volunteers, has the project received a volunteer waiver for the current grant award period? ☐ ☐ ☒

How does the project use the mandated volunteers?

Comments: Office help.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

5. Does the recipient have on file documentation supporting the completion of the following (inform the following are required, but do not review):

YES NO N/A

- | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|
| ○ Reference Checks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Criminal Background Check (if staff/volunteers have resided in California for less than 3 years, out-of-state criminal history checks are also required) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Department of Motor Vehicle Checks, if transporting clients | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments: Does not transport clients, so no DMV check needed.

6. Does the recipient do performance evaluations? ☒ ☐ ☐

How does the recipient handle negative evaluations or adverse actions on project staff? R.H. Section 11340

Comments: Supervisors perform evaluations on a yearly basis. Negative evaluations are given objectives to improve. Steps of discipline.

7. Current mandated OA's on file with (must have beginning & end date):

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Local law enforcement | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • California Coalition for Youth (CCY) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Victim witness assistance center (must use Cal EMA format) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • California Workforce Investment Board's State or Local Youth Council | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Local hospitals | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Local schools or SELPA | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • County social services department / mental health | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: All required OA's were on file.

8. Client Confidentiality

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Written policy regarding client confidentiality | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Written policy regarding the maintenance of confidential client records | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Client records are kept confidential per E.C. Section 1037.1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Client records are kept in a locked room or file cabinet. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: Client records and files are locked in a file cabinet in a locked room.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

D. ADDITIONAL COMMENTS:

ADMINISTRATIVE (document strengths, topics needing improvement, follow-up, etc.)

This site visit was very easy as the agency records overall were very organized and complete. The administrative staff was very friendly and accommodating in providing me with the information that I requested.

- All Operational Documents were available or accessible.
- The Fidelity Bond (Certificate of Liability Insurance) did not show the forgery and employee dishonesty coverage. It also was listing all Cal EMA grants on it and because of that, the amount of coverage was under the required 50% of allocation. The beneficiary named was listed as "Office of Emergency Management." The coverage period was 6/30/09 – 6/30/10. The majority of these items were corrected while I was still present on the site visit. The only issues remaining are: 1) The beneficiary was changed to "California Emergency Management Agency," but needs to be changed to "State of California, California Emergency Management Agency." 2) The coverage period was changed to 7/1/09 – 7/1/10. A new Certificate of Liability Insurance will need to be provided to Cal EMA before the current one expires. It must cover the grant period.
- CEQA Compliance: Letter from the City of Visalia dated 3/3/2010 certifies that FSTC is CEQA exempt.
- Proof of Authority is in the minutes of the Board of Directors.
- Organizational chart was provided.
- Staff understands the role of modifications. None needed.
- Personnel Policies were complete and covered required information.
- Susan Munter, Human Resources Manager, stated that all required information is in personnel files.
- Functional timesheets are utilized by all staff.
- Duties of Financial Officer and Bookkeeper. No one person has control over a financial transaction. This is covered in the Fiscal Policy Manual, Part VI, Internal Control Policies.
- Source document are in order. I tracked two random ledger items back to receipts.
- Project expenditures are being made in accordance with grant requirements and are on track to spend all grant funds by September 30, 2010.
- Match requirements are being met using cash match from two outside grants. \$17,632 is being used to fund a .50 FTE Child Advocate position from the Alcoa Foundation. \$20,311 is being used to fund a .35 FTE Therapist position from a California Child Abuse Prevention & Intervention Treatment Funds (CAPIT) grant.
- The majority of the EEO Checklist requirements were fine, however two issues were found: 1) I viewed a newspaper recruiting ad that did not have an EEO statement. All future recruitment materials or publications must have an EEO statement. 2) There was no written plan to disseminate the EEOP and EEO Policies. I provided a copy of the sample 10A. A plan to disseminate the EEOP and EEO Policies must be produced.
- Program Goals and Objectives are on track to be met.
- Staff understood the importance of Progress Reports.
- Programmatic source documentation for the most part is complete and in order, but the agency needs to justify why children are being seen under the CHAT Program who have Medi-Cal or other insurance. Will cover this item in more detail under Programmatic section.
- All required Operational Agreements were on file.
- All staff included in the grant were performing their duties as detailed in the Grant Award Agreement.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

PROGRAMMATIC (document strengths, topics needing improvement, follow-up, etc.)

The Programmatic Review went very well. The Therapeutic staff were very friendly and accommodating in answering question and providing the information that I required for the site visit.

- Objective A: Children are receiving therapy using Trauma Focused CBT. I reviewed three redacted CHAT therapy files. The case files were very neat, typewritten, and easy to follow. At intake, the Child Behavior Checklist is utilized. Sometimes a Self Appraisal, Youth Self-Report, or Child Behavior Checklist is used at the termination of treatment. However, it appeared that appraisal tools are not being utilized in the middle of treatment to gauge improvement. It was suggested appraisal tools be used at the 6-month stage of treatment. A major issue was discovered while viewing the redacted files: Of the three files I reviewed, one had Medi-Cal, the second had Blue Shield Insurance and the third was waiting for a VOC claim number. There was no justification in the case files on why the children receiving Medi-Cal and insurance were qualified for CHAT Program services. A rough draft of a new intake eligibility form was produced while I was on the site visit. The finalized intake eligibility form should show if the child client has Medi-cal or insurance, and an explanation of why they would qualify for CHAT services. The form should also ask if the child qualifies to be referred to Victim Witness services and it should also ask what the qualifying abuse or trauma was.
- Objective B: Information and brochures are provided to clients who may be qualified for crime compensation services. I suggested the information be given to all clients for Objective B can equal Objective A.
- Objective C: Assistance is provided to clients who may need this service.
- Objective D: Volunteers are used in the shelter and office.
- Staff state reference checks and criminal background checks are completed on all new employees and volunteers. Clients are not transported, so no DMV check is required.
- Performance evaluations are completed by supervisors yearly. If there are negative evaluation areas, a plan is made for the employee to meet objectives of improvement. Agency also utilizes steps of discipline.
- All mandated OA's are on file.
- Agency has a written client confidentiality policy and maintains client records in a lock file cabinet in a locked room.